

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/673333

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4						1
5						
6				1		
7					1	
8						1
9						
10						1
11					1	
12						1
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14					1	
15					1	
16					1	
17						1
18						1
19						1
20						1
21					1	
22			1			
23				1		
24					1	
25					1	
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27					1	
28					1	
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30				1		
31					1	
32					1	
33					1	
34					1	
35					1	
36					1	
37					1	
38					1	
39					1	
40					1	
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			31			
TOTAL CLAIMS			40			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09673333

FILING DATE

2/28/01

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
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11	1				
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23	1				
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34					
35					
36					
37	3	1			
38	0	1			
39	0	1			
40	3	1			
41					
42					
43					
44					
45					
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47					
48					
49					
50					
TOTAL IND.	3	3	3		
TOTAL DEP.		41			
TOTAL CLAIMS		44			

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61		
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98		
99		
100		
TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		